



Exhibitor Space Reservation Application Form

The Practitioners Conference 2014
29th – 31st May 2014 at Manchester Cathedral
APPLICATION CLOSING DATE: TUESDAY 25TH MARCH

1. Company Information

* indicates mandatory information

Organisation Name *			
Address *			
		Postcode:	
Telephone *			
Type of Organisation *			

Main Contact Details: (i.e. The person responsible for the booking)

Title (Mr, Mrs, Ms, etc) *			
	First Name *	Surname	
	Job Title *		
Direct Telephone *		Mobile	
Email Address *	(please print clearly)		

2. Exhibitor Profile

Exhibitor profiles will be included in the conference delegate packs. You are kindly asked to submit your profile and company logo with this booking.

The profile should be a maximum of 75 words and include company contact information.

The text should be plain text, but may include bold and italic formatting.

The profile must be a Word file (doc or docx) and logo must be a jpeg or gif image file.

Thank you for your cooperation.

3. Stand Requirements

If you do not request these, they will not be provided.

Please indicate how many **chairs/tables** you require (optional):

(Max 1 table, 2 chairs)	Chairs		Tables	
Will you require WiFi access (no charge)?	Yes		No	
Will you require an power supply to the stand?	Yes		No	

(Please note: The Exhibition Space is located in the main conference area, sound will be limited)

Please give detailed information on what this will be used for eg. Laptop, lighting etc



4. Stand Contacts

Strictly two per stand included in Exhibitors Package

1st Stand Contact

Title (Mr, Mrs, Ms, etc) *			
	First Name *		Surname *
	Job Title *		
Mobile Number *			
Email Address *		(please print clearly)	

Special Requirements

Does this person have any special requirements (disability etc)			
		Yes	No
If yes, provide details			

2nd Stand Contact

Title (Mr, Mrs, Ms, etc) *			
	First Name *		Surname *
	Job Title *		
Mobile Number *			
Email Address *		(please print clearly)	

Special Requirements

Does this person have any special requirements (disability etc)			
		Yes	No
If yes, provide details			

5. Payment

	Invoice my organisation	
	Credit Card Payment	

We will contact you by phone to make a credit card payment. A receipt will be issued confirming your payment.

Invoice Address: (if different to the above address)

6. Terms and Condition

Payment must be received within 14 days of your application. Should payment not be received within this time period, Ascension Trust reserves the right to offer the Exhibitors Space to another organisation. Failure to supply a correct invoice address could delay payment. Cancellations are not possible once a reservation and payment has been made. By signing this application form, you agree to abide by the terms and conditions layed out in this document.

Signed:		Print Name:		Date:	
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